

		APPLICATION FO	OR EXAMINATION	
			File separate application in duplicate for	or each site.
Fo	or the			
	(Project Name)			
(S	chool District or Owner, and	Mailing Address)		
Ι,	(1)			
(Name of Applicant)			Secretary, Trustee, Etc.)	
		. , , , , , , , , , , , , , , , , , , ,	oplication for examination of the following building(s):	
(LI	ist building(s) by an identifyin	g name)		
Th	no project is in the City of		County of	
'''	e project is in the City of		County of	
Lo	cation (Street Address or S	ection, Township and Range)		
-		ection, rownship and Kange)		
DESCRIPTION: 1a. Number of Stories			1b. Approximate Total Floor Area (square feet)	
			,	
2.	Type of Construction			
FL	JRNISH THE FOLLOWING II	NFORMATION IF AVAILABLE:		
3.	One copy of report of any spractice.	structural examination relating to the	ese buildings made by an architect or structural engine	er in private
(Li	ist date of report and name o	f examiner)		
4.	One copy of report made b	by any fire authority relating to the	compliance of these buildings with fire safety regulation	S.
5.	Description of any hazardous structural or foundation conditions that have been observed. (Attach to application.)			
6.	One copy of any plans, spe	ecifications or structural calculation	s prepared for these buildings. (List items being submi	itted.)
	Architectural plan sheets		to	inclusive
	Structural plan sheets		to	inclusive
			io	inclusive
			0	inclusive
7.		ns, specifications and structural ca	culations to be returned?	No
	FOR D	OSA USE	Signature (Applicant)	
Filed				
			This day of, 1999	
Application No. File No.		File No.	Mailing Address of Applicant	
Fo	orward to (Choose one):	<u> </u>		
	☐ DSA San Francisco Bay Area 1515 Clay Street, Suite 1201 Oakland, CA 94612	a Region	☐ DSA Los Angeles Basin Region 107 S. Broadway, Room 3029 Los Angeles, CA 90012 ☐ DSA San Diego Reg 15373 Innovation Drive San Diego, CA 92128	e, Suite 250